



**Giggles and Grace**

1260 SW 8th Avenue

Ontario, OR 97914

[www.gigglegrace.org](http://www.gigglegrace.org)

**Tax ID #: 93-0700578**

(541) 889-6141

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## Emergency Medical Release Consent for Care

I hereby authorize **Emergency Care and Treatment** of

\_\_\_\_\_

(child's full name and birthdate)

by a licensed physician in the event I am not available to give permission. I will accept financial responsibility of said care and treatment.

If I cannot be contacted I request you contact \_\_\_\_\_

\_\_\_\_\_

(person's name and phone number)

Please list:

Medicine Allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Special Information: \_\_\_\_\_

Medical Insurance: Company Name: \_\_\_\_\_

Policy No. : \_\_\_\_\_

X

\_\_\_\_\_  
Parent or legal guardian's signature & SSN

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date